

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH.

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-020216

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

2926

STATE FILE NUMBER

FILED JUN 7 1963

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

|   |   |   |                                   |
|---|---|---|-----------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <b>JACKSON</b>   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>                                      |                                   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br><b>KANSAS CITY</b>   |   | c. CITY OR TOWN <b>KANSAS CITY</b>  |                                   |
| Length of stay in 1b <b>27 YEARS</b>  |   | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |                                   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR <b>401 EAST 36th STREET</b><br>INSTITUTION <b>HYDE PARK NURSING HOME</b>   |   | d. STREET ADDRESS (If outside, give location)<br><b>4537 JEFFERSON STREET</b>   |                                   |
| 3. NAME OF DECEASED<br>(Type or print) First <b>CHARLOTTE</b> Middle <b>S.</b> Last <b>MELLOR</b>   |   | 4. DATE OF DEATH Month <b>MAY</b> Day <b>19</b> Year <b>1963</b>  |                                   |
| 5. SEX <b>FEMALE</b>  | 6. COLOR OR RACE <b>WHITE</b>   | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>                        | 8. DATE OF BIRTH <b>12-6-1870</b> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>HOUSEWIFE</b>   |   | 10b. KIND OF BUSINESS OR INDUSTRY <b>AT HOME</b>  |                                   |
| 13a. FATHER'S NAME <b>HIRAM</b>   |   | 13b. MOTHER'S MAIDEN NAME <b>MARY ANN</b>   |                                   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>   |   | 16. SOCIAL SECURITY NO. <b>MRS. GILL NIEDERJOHN, K.C., Mo.</b>  |                                   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Manition</b><br>Generalized arteriosclerosis<br>Conditions, if any, which gave rise to above, cause (e), stating the underlying cause last.<br>DUE TO (b) <b>Generalized arteriosclerosis</b><br>DUE TO (c) |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>3 wks</b><br><b>Years.</b>   |                                   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)   |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |                                   |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  |                                   |
| 20c. TIME OF INJURY Hour <b>9:30</b> a.m. <b>p.m.</b> Month, Day, Year <b>October 15, 1962</b>  | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>    |   |                                   |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  |   | 20f. CITY, TOWN, OR LOCATION <b>Kansas City 6, Mo.</b> COUNTY <b>Mo.</b> STATE <b>Mo.</b>   |                                   |
| 21. I attended the deceased from <b>October 15, 1962</b> and last saw her alive on <b>March 28, 1963</b><br>Death occurred at <b>9:30 p</b> m on the date stated above, and to the best of my knowledge, from the causes stated.  |   | 22a. SIGNATURE <b>Wm. H. Goodson, Jr., M.D.</b> (Degree or title)<br><b>1322 Professional Building</b><br><b>Kansas City 6, Mo.</b>   |                                   |
| 22b. ADDRESS  |   | 22c. DATE SIGNED <b>5/21/63</b>   |                                   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  |   | 23b. DATE <b>5-22-63</b>  |                                   |
| 23c. NAME OF CEMETERY OR CREMATORY <b>La. Mine Cem.</b>   |   | 23d. LOCATION (City, town, or county) <b>Cooper Co. Mo.</b> (State)   |                                   |
| 24. FUNERAL DIRECTOR <b>W.W. NEWCOMER &amp; SONS, K.C., Mo.</b>   |   | 25. DATE RECD. BY LOCAL REG. <b>5-22-63</b>   |                                   |
| 26. REGISTRAR'S SIGNATURE <b>Ruth Long</b>  |   |   |                                   |

USE BLACK INK

OR  
TYPEWRITER RIBBON

Dr. William Hemmick, Graduate, Jr.  
1322 Professional Bldg.  
St. Louis, Mo.  
U.S. - 2: 3434

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Dem Lawler*

Licensed Embalmer No.

4915

P. O. Address

*K 6 mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.